



Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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Re: Application No: 10/706,529
Applicant(s): Aboud, et al.
Filing Date: 11/12/2003
Entitled: CRYOABLATION CATHETER HANDLE
Attorney Docket No. 21819-119CONCON

Examiner: Michael F. Peffley
Group Art Unit: 3729

Certificate of Mailing (37 C.F.R. 1.8(a))

I hereby certify that this correspondence is being deposited with the United States Postal Service Post Office as first-class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date set forth below.

March 07, 2006

Roberta Sherman

Date of Signature and Mail Deposit

Name of Person Signing


Signature

Sir:

Transmitted herewith is a Reply to the Office Action mailed December 08, 2005.

The following checked items are applicable:

☒ A Terminal Disclaimer to Obviate a Double Patenting Rejection Over a Prior Patent No. 6,746,445 is herewith enclosed, as well as the small-entity terminal disclaimer fee of \$65.00.

☒ A Terminal Disclaimer to Obviate a Double Patenting Rejection Over a Prior Patent No. 6,440,126 is herewith enclosed, as well as the small-entity terminal disclaimer fee of \$65.00.

☒ Form PTO-2038 for \$130.00 as small entity fee for two statutory disclaimers is enclosed.

☐ A Petition for Extension of Time and the small-entity extension fee of \$60.00 for filing a response within the first month is herewith enclosed.

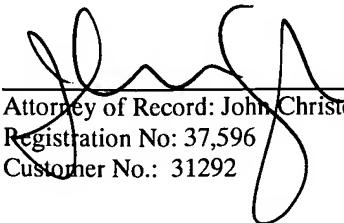
| CLAIMS AFTER AMENDMENT: | MINUS PRIOR PAID CLAIMS: | EQUALS PRESENT EXTRA CLAIMS: | RATE: | ADDITIONAL FEE: |
|--|--------------------------|------------------------------|---------------|-----------------|
| Independent: 2 | 4 | 0 | x \$ 200.00 = | \$ 0 |
| Total: 11 | 23 | 0 | x \$ 50.00 = | \$ 0 |
| Multiple Dependent Claims (1st presentation) | | | + \$ 360.00= | \$ 0 |
| SUBTOTAL ADDITIONAL FEE | | | | \$ 0 |
| Small Entity filing, divide by 2. | | | | \$ 0 |
| TOTAL ADDITIONAL FEE | | | | \$ 0 |

☐ The fee has been calculated above; enclosed is a check in the amount of \$

☒ A self-addressed, stamped postcard for verification and receipt is enclosed.

☒ The Commissioner is hereby authorized to credit overpayments or charge payment of any additional fees associated with this communication to Deposit Account No. 502104.

Date: March 07, 2006


Attorney of Record: John Christopher
Registration No: 37,596
Customer No.: 31292